

**LONG-TERM DEBT & OTHER CREDIT FACILITIES**

*in lieu of completing this page, provide recent and/or initial statements for each debt with any balance owing*

debt/credit facility:

borrower	_____	_____	_____	_____	_____	_____
lender	_____	_____	_____	_____	_____	_____
purpose	_____	_____	_____	_____	_____	_____
security	_____	_____	_____	_____	_____	_____

original loan:

docu #	_____	_____	_____	_____	_____	_____
date	_____	_____	_____	_____	_____	_____
amount	_____	_____	_____	_____	_____	_____
int rate	_____	_____	_____	_____	_____	_____
term	_____	_____	_____	_____	_____	_____

payments:

amount	_____	_____	_____	_____	_____	_____
frequency	_____	_____	_____	_____	_____	_____
minimum	_____	_____	_____	_____	_____	_____

life insured:

individual premium	_____	_____	_____	_____	_____	_____
--------------------	-------	-------	-------	-------	-------	-------

disab insured:

individual premium	_____	_____	_____	_____	_____	_____
--------------------	-------	-------	-------	-------	-------	-------

prepayment:

annual	_____	_____	_____	_____	_____	_____
periodic	_____	_____	_____	_____	_____	_____
penalty	_____	_____	_____	_____	_____	_____

current status:

stmt date	_____	_____	_____	_____	_____	_____
balance	_____	_____	_____	_____	_____	_____
int rate	_____	_____	_____	_____	_____	_____
credit limit	_____	_____	_____	_____	_____	_____
arrears?	_____	_____	_____	_____	_____	_____